FORM D MAR 15 2007

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB Number: Expires: April 30, 2008



<u>everage b</u>urden

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Lauren Templeton Market Neutral Fund, L.P. Limited Partnership Interests	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Lauren Templeton Market Neutral Fund, L.P.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 1208 Pointe Centre Drive, Suite 210, Chatanooga, Tennessee 37421	Telephone Number (Including Area Code) (423) 826-0944
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Private securities investment fund managed by Lauren Templeton Capital Mana	igement, LLC. PROCESSED
Type of Business Organization	
□ corporation □ limited partnership, already formed □ other (pl □ business trust □ limited partnership, to be formed	lease specify): APR 0 3 2007
Month Year Actual or Estimated Date of Incorporation or Organization: 111 06 2 Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign Jurisdiction)	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or	r Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- A	П	EN	П	0	N
-----	---	----	---	---	---

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		Z. A. Takerson		334	
2. Enter the information	requested for the fo	llowing:	****	<u>- Arana araka shiriya Aki, 1 a sa ara</u>	
 Each promoter of 	the issuer, if the is	ssuer has been organized v	vithin the past five years;		
 Each beneficial or 	wner having the po	wer to vote or dispose, or di	rect the vote or disposition	n of, 10% or more o	of a class of equity securities of the issuer
 Each executive or 	fficer and director (of corporate issuers and of	corporate general and ma	anaging partners of	f partnership issuers; and
 Each general and 	managing partner	of partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	Oeneral and/or Managing Partner
Full Name (Last name first,	if individual)		· · · · · · · · · · · · · · · · · · ·		
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Lauren Templeto	on Capital Mana	agement, LLC			
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)		
1208 Pointe Ce	ntre Drive, Suite	e 210, Chattanooga, 1	Tennessee 37421		
Check Box(es) that Apply:	X Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)	***			
Templeton, Laurer					
Business or Residence Addre					
1208 Pointe Centre D	Prive, Suite 210	, Chattanooga, Tenne	ssee 37421		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Pull Name (Last name first,	f individual)		****		
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)		
Charle Day(as) that A - Iv					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				· · · · · · · · · · · · · · · · · · ·
Pusiness as Desidence Add-		5 c: c: T: c			
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	C Everythe Office	C Discourse	
		Detication owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	r individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)	 ·	<u> </u>		
Business or Residence Addre	s (Number and	Street, City, State, Zip Co.	te)	 	
	(Use blan	k sheet, or copy and use a	dditional copies of this al	heet, as necessary)	

			œ		erenie s 🖔	ii/e) - c.jiçi	er (Guitet	er samen. Doğumlar				7 (1) 84 (1) 1 1 (1) (1) (1) (1) (1)
1 77											Yes	No
l. Has ti	ie issuer so.	id, or does							_	******************		×
2 11/6	:- ab ! !-				n Appendi:		_				- 0E	
2. What	is the minit	num invest	ment that v	Will be acc	eptea trom	any inaivi	duai7		ect to wai			0,000*
3. Does	the offering	permit joi	at ownersh	ip of a sing	gle unit?	******************		-		vc:.	Yes	No □
4. Enter comm If a pe or stat a brok	the informatission or sin rson to be li es, list the n ter or dealer	ntion reques nilar remun sted is an as name of the r, you may	sted for ea eration for isociated p broker or d set forth th	ch person solicitation erson or ag ealer. If m	who has be n of purchas ent of a bro ore than fiv	en or will sers in conn ker or deal re (5) perso	be paid or lection with er registere ons to be lis	given, dire h sales of se ed with the s ted are asse	ectly or inc curities in SEC and/or	directly, any the offering r with a state sons of such	/ /	
Full Name	(Last name	first, if inc	fividual)									
	r Residence			d Street, C	ity, State,	Zip Code)				···	 -	
Name of A	ssociated B	roker or De	ealer	-								
States in W	hich Perso	n Listed He	s Solicited	or Intend	to Solicit	Purchasers	5					
(Chec	k "All State	s" or check	individua	l States)	**************	**************		, ************************************	**********	***************	□ Ai	l States
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NI TX	CO LA NM UT	CT ME NY VT	MD NC YA	MA ND WA	MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full Name Business of	<u></u>			d Street, C	City, State,	Zip Code)						
Name of A	ssociated B	roker or De	aler				<u>,</u> -					
States in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	;					<u> </u>
(Checi	"All State	s" or check	individua	States)	,*::*****	**************	*********************	**************	••••••••••	*************	□ Al	l States
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS QR WY	ID MO PA PR
Full Name	(Last name	first, if ind	ividual)							-		
Business o	r Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Name of A	ssociated Br	roker or De	aler						<u>-</u>			
States in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Check	"All States	s" or check	individual	States)	·			************	***************	***************************************	☐ Ali	States
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OX WI	HI MS OR WY	MO PA PR

I.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggregate Offering Price	A		nt Already old
	Debt	<u> </u>	. \$_		
	Equity	<u> </u>	S _		
	Convertible Securities (including warrants)	<u> </u>	. \$_		
	Partnership Interests	250,000,000	S _	0*	
	Other (Specify)		\$ _		
	Total	250,000,000) s	0*	
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	*US	con	tribut	
	A compliand Younger	Number Investors 0*		Dollar of Pu	gregate Amount rchases
	Accredited Investors		\$	0*	
	Non-accredited Investors		\$		0*
	Total (for filings under Rule 504 only)		\$.		
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering	Type of	I		Amount
	Rule 505	Security NA		So	
	Regulation A		\$_		NA
	-		\$_		NA NA
	Rule 504		\$_		
	Total	<u>NA</u>	S _		NA
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		\$ _		
	Printing and Engraving Costs		s _	1,00)0
	Legal Fees		S	3,0	00
	Accounting Fees	_	\$		
	Engineering Fees	-	S		
	Sales Commissions (specify finders' fees separately)	ليسا	\$_		
	Other Expenses (identify) blue sky filing fees		\$	2,0	00
	Total		•	6.0	<u>~</u>

5.	and total expenses furnished in response to Part C- proceeds to the issuer." Indicate below the amount of the adjusted gross peach of the purposes shown. If the amount for check the box to the left of the estimate. The total proceeds to the issuer set forth in response to Part C-	proceed to the issuer used or proposed to be any purpose is not known, furnish an estim of the payments listed must equal the adjust	used for			<u>\$ 24</u>	9,994,000
				Of Dire Affi	nents to ficers, ctors, & liates	P	ayments to Others
	Salaries and fees		X	\$	0*	_ s_	0
	Purchase of real estate			s _	_0	-\$	0
	Purchase, rental or leasing and installation of me	achinery	_	•	0		_
	Construction or leasing of plant buildings and fa	cilities		• •		□ \$ _	0
	Acquisition of other businesses (including the veroffering that may be used in exchange for the assissuer pursuant to a merger)	alue of securities involved in this sets or securities of another	. –		-	□\$_	
	Repayment of indebtedness	***************************************		<u>`</u>	12,000	□ s _	0 0
	Working capital			} ¢	0	□ S_ □ S_	0
	Other (specify): purchase of portfolio se	curities	······	'— s	0		249,982,00
	•		_		0,000		0 249,982,000
	Total Payments Listed (column totals added)				X \$_2	49,99	4,000
argu	ssuer has duly caused this notice to be signed by the sture constitutes an undertaking by the issuer to fu information furnished by the issuer to any non-acc	e undersigned duly authorized person. If thi	s notice is			505, to reques	he following at of its staff,
Issuc	r (Print or Type)	Signature //,	Dat				
L	auren Templeton Market Neutral Fund, L.P.	Lambry			3.14.0	7	
Nam	e of Signer (Print or Type)	Title of Signer (Print or Type)		-			
	Lauren C. Templeton	Principal of General Partner					
	* The investment manager will receive a n a yearly incentive fee equal to 20% of r In addition, the issuer wil reimburse La	nonthly cash fee in an amount equal to net capital appreciation, subject to a hig uren Templeton Capital Management, I	ih water n LC	nark.	at assets		

- ATTENTION ---

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)